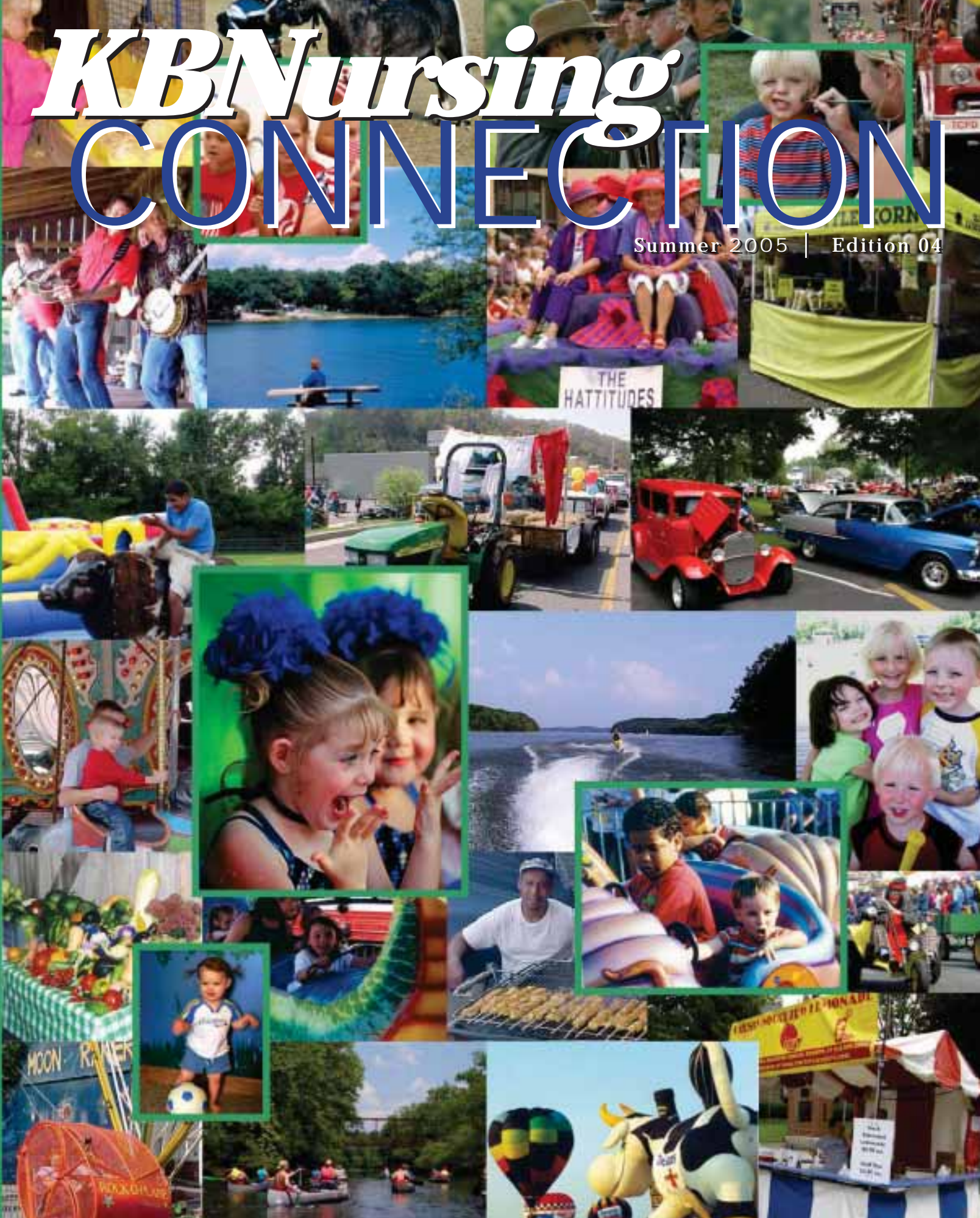
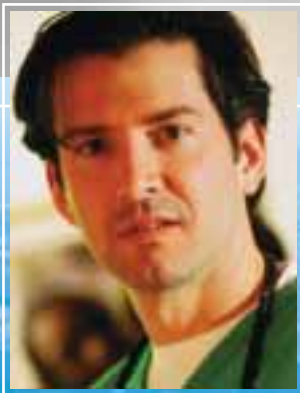


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president's message

As most of you may know, Sharon M. Weisenbeck, MS, RN, Executive Director of the Kentucky Board of Nursing, exercised an early retirement option and has left the agency effective May 31, 2005. On behalf of the KBN, we wish Sharon and her husband much joy and happiness during their retirement years. Sue Derouen, RN, Operations Manager, will be in charge of the agency until the new Executive Director begins her duties.

I am pleased to introduce Charlotte F. Beason, Ed.D, RN, CNAA as the new Executive Director of the KBN. Dr. Beason comes to us after a career with the Department of Veterans Affairs during which she directed a number of national programs that had direct impact on healthcare policy, care delivery, and education of the nation's healthcare professionals. As Program Director, Office of Nursing Services, Veterans Health Administration, Department of Veterans Affairs (VA), headquarters Washington, D.C., she was responsible for initiating and monitoring programs and policies that guided the practice of VA healthcare providers nationwide, this included nearly 37,000 registered nurses and nearly 18,000 licensed practical nurses. Dr. Beason was a member of President Clinton's White House Task Force on Health Care Reform where she coordinated issues surrounding the utilization and supply of the non-physician workforce and authored portions of legislation that appeared in the National Healthcare Security Act.

Dr. Beason is a native Kentuckian growing up in the Elizabethtown area. She graduated with her BSN from Berea College and has maintained her Kentucky RN license from the beginning of her nursing career. She completed a master's of science degree in psychiatric nursing from Boston University and earned her doctoral degree in Clinical Psychology and Public Practice from Harvard University. She also holds a Certificate in Mediation and Conflict Resolution from the Justice Center of Atlanta, Georgia. Dr. Beason is an accomplished author and public speaker, as well as an appointed member of the Accreditation Review Committee of the American Nurses Credentialing Center.



Dr. Charlotte F. Beason

Kentucky has truly been fortunate to have had Sharon for her 25 years of service with the KBN and, as you can see, I believe that fortune will continue into the future with Dr. Beason as the new Executive Director of the Kentucky Board of Nursing. Dr. Beason will assume her duties in September. Please join me in welcoming Dr. Charlotte F. Beason, RN, back home to the Commonwealth!

Jimmy T. Isenberg, PhD, RN

The Board of Nursing and Nursing Associations: Do You Know The Difference?

by Patricia Spurr, EdD, MSN, RN, Education Consultant

The Kentucky Board of Nursing (KBN) recognizes that some confusion exists in what nurses perceive to be the scope and function of the board of nursing as compared to that of professional associations. The following is a short article presented in an attempt to clarify the roles of these two different and very distinct entities. As we begin this dialogue, it is important to note that associations and regulatory boards do not exist in an adversarial relationship but rather have had a very long history of collaboration.

Primary Functions

The Kentucky General Assembly established KBN in 1914 with the charge to fulfill the statutory mandates set forth by the Kentucky legislature. The mission of KBN is to "protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing." Simply put, KBN is a regulatory body or arm of the state government with the responsibility to protect health and welfare by developing and enforcing the laws governing the safe practice of nursing.

With the establishment of KRS Chapter 314 by the legislature, both the structure of the Board and the Board's functions are defined. KBN is comprised of 16 individuals, each appointed by the Governor for a four-year term. By statute, the composition of the Board consists of 9 RNs, 3 LPNs, 1 RN that functions in the capacity of nursing service administrator, 1 RN that is engaged in practical nurse education, and 2 members serving as citizens at large. Board members are considered to be public officials, and all meetings are open to the public.

Though an arm of the state government, KBN is fiscally self-sustaining through the collection of fees for licensure services. KBN receives no money from state tax revenues or other state funds. The agency carries out its functions by collecting fees for licensure and services from nurses and dialysis technicians.

Professional associations are private organizations that advance the nursing profession by addressing the practice, political and professional issues affecting nurses. They carry out this mission by establishing standards of nursing practice, promoting economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and lobbying the legislature and regulatory agencies on behalf of health care issues impacting nurses and the public. Membership in these organizations is voluntary for nurses. The list of nursing professional organizations or associations is an extensive one.

There are several organizations that have a statewide influence. These include the Kentucky Nurses Association, the Kentucky State Association of Licensed Practical Nurses, the Kentucky League for Nursing, Kentucky Association of Nurse Anesthetists, and the Kentucky Coalition of Nurse Practitioners and Midwives. The number of specialty nursing organizations across the state is too large to name here but each serves a distinct role focusing on the enhancement of nursing practice within that clinical area.

Typically a board of directors or trustees elected by association members directs professional associations. The membership usually provides direction to these elected officers by participating in meetings. Association meetings may be closed to the general public, with elected leaders remaining private citizens.

Similarities and Differences

Associations and KBN share the goal of providing safe care to the citizens of the Commonwealth; however, the means used to accomplish this goal are significantly different. KBN exists *solely* to enforce the laws that regulate nursing practice. KBN has

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the authority to establish requirements, through regulations, that detail how an individual obtains a license or credential to practice nursing in Kentucky. KBN approves prelicensure nursing education programs, oversees the licensure examination of nurses, and takes disciplinary action when a licensee or credential holder violates the law. These activities help to assure that only qualified individuals provide care to the public. To reiterate, KBN exists to enforce the laws of the state – KBN *does not* exist to advance the interests of the nursing profession. KBN has, as its primary focus, the protection of those individuals who are consumers of nursing care.

On the other hand, associations bring practitioners together to develop professional standards and practices. The role of the professional association includes developing and disseminating foundation documents, lobbying for legislation and regulations that protect and serve users of nursing services, and advocating for patients and issues which affect a nurse's ability to deliver safe care. Professional associations often find themselves balancing between responsibilities for the welfare of the public and serving as an advocate for the membership.

Enforcing the Law

When regulatory boards enforce the law, they do so by imposing penalties on individual licensees or credential holders for failure to practice in accordance with that law. Those penalties may include a fine, civil penalty, reprimand, practice restriction, suspension from practice, or a permanent revocation of the right to practice. The severity of the action taken depends upon the violation as well as the aggravating and mitigating circumstances.

KBN only has the authority to take disciplinary action against those who are regulated by the Board, which includes ARNPs, RNs, LPNs, and dialysis technicians. KBN may also investigate situations that involve the activities of those who are not RNs or LPNs such as nurse imposter situations. However, KBN cannot take action in cases involving non-licensees or non-credential holders without the assistance of county prosecutors willing to prosecute the unauthorized practice of nursing or dialysis care. KBN can gather all the evidence proving unauthorized practice but must depend upon the county prosecutor to actually bring charges against the individual.

KBN does not have authority over the employers of nurses or the operations and services provided by health care facilities. Mandatory overtime, double shifts and other similar employment issues are outside of the Board's authority. But if an employer is directing nurses to act in ways that are not consistent with the nurse practice act or regulations, KBN should be notified and a complaint should be filed so that an investigation can proceed. An investigation in many instances is one way to provide information to employers who may not be aware of the law and rules. Often, as a result of the investigation, the employer agrees to make appropriate changes that resolve the situation without a need for formal action.

In Summary

- KBN is a governmental regulatory body/agency that derives its duties and powers by enforcing the state laws pertaining to nursing licensure, education, and practice.
- Professional associations have traditionally set forth the scope and nature of the profession and use this as a basis for influencing the law that regulates practice.



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New Legislation Regarding License Renewal for Military Nurses Deployed Overseas

by Nathan Goldman, JD, General Counsel

If you are a nurse, in the military, and you are deployed overseas, you need to be aware of recent legislation that was passed by the 2005 General Assembly. House Bill 189 became effective June 20, 2005. According to the bill, any nurse who is a member of the United States Armed Forces, including the Kentucky National Guard or Reserve, and who holds a nursing license that expires while deployed overseas, shall have 90 days from the end of the deployment to renew the license. The license will be renewed without cost and without having to meet any continuing education requirement. After the end of the overseas deployment, you (the nurse) must provide to KBN a copy of your official orders ending the deployment and must complete an application. You will not be penalized if the license lapses while you are overseas. For more information, contact Nathan Goldman, General Counsel, at 502-429-3309 or email him at Nathan.goldman@ky.gov.



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Scope of Practice Determination Guidelines

In April 2005, the Board approved revisions to the *Scope of Practice Determination Guidelines*. This decision tree has been published to facilitate decisions as to the acts that are within the scope of nursing practice in Kentucky. A copy can be obtained from the KBN website at <http://kbn.ky.gov/practice.htm>.

Roles of Nurses in Intravenous Therapy Practice

Recognizing that all LPNs may not be expanding their intravenous therapy (IVT) scope of practice as authorized by a new administrative regulation 201 KAR 20:490 (effective 9/15/2004), KBN revised and republished Advisory Opinion Statement (AOS) #3 entitled *Roles of Nurses in IVT Practice*. A copy of both the regulation and AOS can be obtained from the KBN website at <http://kbn.ky.gov/practice/aos.htm>. Highlights of the new regulation and a brief history of the AOS are provided below:

201 KAR 20:490, Licensed Practical Nurse Intravenous Therapy Scope of Practice, authorizes a limited expansion of the scope of LPN practice in the administration of IVT. Section 2 of the KAR requires that the LPN complete an educational program, and Section 3 requires specific supervision in select situations. Prelicensure practical nurse educational programs have revised their curriculums to prepare students, enrolled after September 15, 2004, to perform the functions listed in the new regulation. Educational programs (as delineated in Section 2 of the regulation) are also being developed for preparation of currently practicing LPNs to acquire the additional knowledge and develop new skills needed to perform the expanded acts.

Since the early 1980s, KBN has issued from time to time various revisions to the AOS that has expanded the scope of LPN practice in the performance of IVT, for example:

1976–1983	Issued responses to individual questions on LPN/IVT. Much discussion occurred on the educational preparation and roles of RNs and LPNs. From 1980-1982, only RNs administered IVT.
1984	Issued AOS to include LPN performance of venipuncture and hanging fluids administered via peripheral routes.
1989	Revised AOS to include LPN administration of premixed, pre-labeled IV medications and fluids via piggyback or intermittent peripheral vascular access devices/systems that are given on a routine reoccurring basis to stable patients, after completion of a Board approved post-licensure basic course. Also added role of LPN in assisting RN with select acts for administration of central line infusions.
1992	Revised AOS to include LPN peripheral administration using volumetric control devices such as a “soluset” and patient controlled administration systems.
1993	Discontinued Board approval of post-basic courses and issued recommendations for standards to be included in prelicensure and continuing education IVT LPN courses.
1994	Since 1994, graduates of prelicensure practical nursing education programs in Kentucky have had basic IVT preparation.
1999	Revised AOS to include expanded, but limited, LPN role in the administration of IVT via peripherally inserted midline catheters, and central venous catheters (PICC, implanted/tunneled catheters and implanted ports). Expanded recommendations for course content.
2000–2003	Revised AOS to clarify acts. Began study leading to the promulgation of the KAR governing LPN IVT practice.
2004	KAR expanded LPN role to include the administration of select classification of IV medications via push or bolus routes, administration of blood and blood components, withdrawal of blood specimens via central line access devices, and IVT via all types of central lines devices, except as limited and under supervision as stated in the KAR. Students entering Kentucky PN programs after September 15, 2004 receive educational preparation for the LPN IVT role delineated in the KAR.

The KAR carries the force and effect of law, whereas the advisory opinion statement does not. Subsequently, if an LPN has not completed the educational program preparing the LPN to perform the expanded acts as specified in Section 2 of the regulation, then the LPN may not perform those acts. If the LPN has not completed the specified educational program, but has previously acquired the requisite education and clinical competency to perform those acts contained in AOS #3, then the LPN may continue to practice under the guidelines issued in the AOS.

New Look for License Cards



Beginning June 1, 2005, all license cards issued to RNs, LPNs, ARNPs, and SANEs will have a new design. The licensure data contained on the front of the card is unchanged. However, for greater security, the current state logo, Unbridled Spirit, is placed on the front of the card in "shifting ink." The color of the logo goes from silver to gold. The signature panel continues to have the tamper evident security feature. The back of the card has a new logo in the upper right corner of the outline of the state. "KBN" in block letters, shadowed in green ink, replaces the cap and stethoscope. Samples of the new card are provided to your left.



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Go SAFELY with enteral solutions!

Article reprinted from ISMP Medication Safety Alert! *Nurse Advise-ERR* (April 2005, Volume 3, Issue 4), with permission by the Institute for Safe Medication Practices.

Would any nurse ever use IV tubing and/or an IV pump to administer an oral solution or liquid nutrition to patients via a gastric or nasogastric tube? Before you say no, consider the following: GoLYTELY (PEG-3350 and electrolytes) bowel prep is sometimes administered via nasogastric tube to patients due to vomiting or intolerance to the large volume necessary for effectiveness. For some patients, a typical enteral infusion pump is not capable of delivering the solution at the desired infusion rate (e.g., 600-1,000 mL over an hour). Thus, we have heard about multiple instances in which IV tubing and an IV pump have been used to administer GoLYtely.

This form of improvised drug delivery has resulted in accidentally connecting the IV tubing to an IV access site. In one example, a 4-year-old child received GoLYtely intravenously. The child had been brought to the emergency department after ingesting a

large number of 6-mercaptopurine (PURINETHOL) tablets, a chemotherapeutic agent. After treatment with activated charcoal, he was started on GoLYtely, administered at 400 mL per hour using IV tubing attached to a nasogastric tube. After 1 hour, a nurse discovered that the solution was actually being administered through an IV access line; 391 mL had already infused. Luckily, the child showed no evidence of acidosis or renal failure, and glycol levels were undetectable. He was discharged without further complication. Sadly, we have other examples of deadly errors involving IV administration of other oral or enteral solutions.

While using IV tubing and an IV pump may seem like a necessary "work around" when administering GoLYtely, there are safer solutions to this nursing challenge. If enteral solutions like GoLYtely must be administered quickly in large volumes, you might be able to use an adapter to connect two enteral feeding pumps, each delivering half the desired volume simultaneously. Some nasogastric tubes have a dual port to

facilitate such a connection. There are also a few enteral pumps capable of delivering higher volumes per hour (e.g., 500 mL per hour with the Ross Embrace pump). Also be sure to affix bold labels that state "WARNING! For enteral use only" on the containers of all enteral products. This, along with clear labeling of each access line, can help prevent the inadvertent connection of an enteral solution to an IV tubing port.

A Medication Error Trifecta!

Article reprinted from ISMP Medication Safety Alert! *Nurse Advise-ERR* (August 2004, Volume 2, Issue 8), with permission by the Institute for Safe Medication Practices.

Pharmaceutical companies sometimes select different brand names to market the same generic drug if it's used to treat different conditions. For example, finasteride is named PROPECIA when it's used to treat alopecia, and PROSCAR when it's used to treat benign prostatic hyperplasia. Fluoxetine is marketed as PROZAC when it's used to treat depression, obsessive-compulsive disorder and bulimia, and as SARAFEM when it's used to treat premenstrual

continued on Page 24



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Patients at Baptist Regional Medical Center are our top priority. To continuously make quality improvements we are taking steps to insure safety. The first step is following the method, "closed loop." The closed loop is used to ensure that no mistakes can happen. If a loop is closed nothing can get through it. The same is true with BRMC.



In recent years we have invested time and money to insure that our patients receive quality care. When patients enter BRMC all files are recorded on computer. The data is then updated when prescriptions are requested. Med Manager is the pharmacy's operating system that is in charge of matching the patient's allergies against their prescriptions. They double check to make sure that prescribed information is not given or sent to be given to a patient. Once Med Manager inputs the correct data a label is printed off, which is to be placed on a bin. After the bin is labeled the prescription comes from one of two places the Robot or Omnicell.

The Robot is a electronic machine that is used in gathering patient's medication. At BRMC the Robot has also been named "Burt." After the bin has been labeled it is placed on a conveyer belt. The bin is then moved closer allowing the bin to be scanned. Once the bin is scanned the robot processes the medication to be given to a patient. It is found and placed inside the bin. Burt then sends it back to the conveyer belt and it is able to be delivered.



If the medication is not dispensed from the Robot then it can be found inside the omnicell. The omnicell works as a vending machine for medications. The employee enters their employee number and password, if correct the employee can proceed to the next step. The next step is to tell the omnicell the prescription. A light will appear below the correct medication. Once the employee takes the medication they must push the green button location below the medication. By doing so it lets the computer know that medication was taken. Omnicell can track the inventory level and notify pharmacy when it needs restocked.

On July 12th our latest safety feature, Admin RX, will be implemented starting in CCU and will gradually progress to other direct patient care units. The Admin RX is a new method of administering medication to patients. The program utilizes a hand-held scanner to read barcodes to insure that patients receive the right medication. The nurse and/or respiratory therapist will scan their employee identification badge,



the medication that is going to be administered to the patient and the patient's identification bracelet into the Admin RX. The "5 Rights" of medication are:

- Right Patient
- Right Medication
- Right Time
- Right Dose
- Right Route

If there is a discrepancy in the "5 Rights" of medication the nurse and/or respiratory therapist will receive a visual warning from the hand held scanner.

"What businesses have used for so long, barcoding, is exactly what we now use for patients safety. Barcoding insures that patients are not receiving the wrong medications," says Pharmacy Director, Cliff Niemeier



Since the publication of the spring edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by the Kentucky Nursing Laws. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/kbn/downloads/discipline.pdf>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

CEASE AND DESIST NOTICES ISSUED

Brockhoeft, Carolyn M. DOB 6/18/1975	Hebron KY	Cease and Desist Notice Mailed 4/25/2005
Pennington, Kimberly A. DOB 3/1/1966	Danville KY	Cease and Desist Notice Mailed 3/30/2005
Vaughn, Carolyn Marie Byrd DOB 7/18/1967	Williamsburg KY	Cease and Desist Notice Mailed 5/13/2005

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

* Boyer, Stacy Anne Childers	LPN #2034015	Louisville KY	Eff. 3/7/05
* Holub, Philip A.	LPN #2025255	Louisville KY	Eff. 5/31/05
Pohl, Mary F. Duvall	RN #1066953	Louisville KY	Eff. 3/31/05
Whitt, Georgia R. Evans	LPN #2027443	Liberty KY	Eff. 5/24/05
* Whittaker, Lorita Marie Drone	RN #1094406	Beaver Dam KY	Eff. 3/31/05
	LPN #2034408 (Lapsed)		

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Curtis, Doris A. Davidson	RN #1073758	Winchester KY	Eff. 4/28/05
* Darnell, Christie Lee	LPN #2037105	Farmington KY	Eff. 6/1/05
* Emrick, Tina McClure	RN #1040157	Frankfort KY	Eff. 5/20/05
* Gary, Penny Denise	RN #1081870	Morgantown KY	Eff. 6/6/05
* Harrison, Ruth Renae	RN #1091272 (Lapsed)	Jeffersonville IN	Eff. 2/28/05
* Mattingly, Angela Marie	LPN #2035748	Lebanon KY	Eff. 5/16/05
McCreary, Nora Elizabeth Disney	LPN #2013642	Middlesboro KY	Eff. 3/16/05
* Nipper, Patricia Lee Watson	RN #1030834	Louisville KY	Eff. 6/6/05
* O'Connell, Denise G. Brooks	RN #1053948	Westview KY	Eff. 3/31/05
* Orr, Larry W.	LPN #2026520	Nashua NH	Eff. 4/4/05
* Parrott, Lisa Ann	LPN #2035008	Benton KY	Eff. 6/1/05
* Reilly, Tracy Lee Carmichael	LPN #2032224	Louisville KY	Eff. 3/29/05
* Riddle, Sheila K. Dial	LPN #2019551	Burkesville KY	Eff. 3/28/05
* Rose, Timothy S.	RN #1088442	Clearfield KY	Eff. 5/20/05
* Seale, Cindy Marie	LPN #2038577	Louisville KY	Eff. 3/9/05
* Storer, Arlice A. Helton	RN #1102925	Louisville KY	Eff. 3/24/05
* Towels, Tracy Waynette Stumbo	RN #1083570	Nicholasville KY	Eff. 3/21/05
* Wankumbu, Leeza Babiya	LPN #2033367	Lexington KY	Eff. 3/29/05
AKA: Ferguson, Toyia Laverne Henderson			
* Wheeler, Tamra Ellen Ison	RN #1098831	Sandy Hook KY	Eff. 4/28/05
* Wilson, Tracey M. Grace	RN #1064241	Hopkinsville KY	Eff. 6/6/05

LICENSE SUSPENDED

Sullivan, Jessica Carol McCoy	RN #2034826	Hurley WV	Eff. 4/15/05
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LICENSE CONTINUED ON SUSPENSION

* Barnes, Peggy A. Creech	RN #1060500	Middlesboro KY	Eff. 4/15/05
* Corbett, David Jason	RN #1087630	Sturgis KY	Eff. 4/15/05
* Decker, Lory Ann Talbot	RN #1061483	Louisville KY	Eff. 4/15/05
* Kutzner, James R.	RN #1057784	Louisville KY	Eff. 4/15/05
Lewis, Victoria Modori	LPN #2035598	Louisville KY	Eff. 4/15/05
* Livingston, Deitra Annette Guventher	LPN #2035745	Hopkinsville KY	Eff. 4/15/05
* Sharp, Deborah Joyce Ray	LPN #2036444	W Paducah KY	Eff. 4/15/05

LICENSE VOLUNTARILY SURRENDERED

Caudill, Tammy Jo Riley	RN #1095069	Flatwoods KY	Eff. 4/19/05
* Garrison, Patricia Ann Sullivan	RN #1083673	Louisville KY	Eff. 5/31/05
	LPN #2025161 (Lapsed)		

LICENSE VOLUNTARILY SURRENDERED (continued)

* License has not been returned to KBN

Hurley, Peggy S.	LPN #2022131	Vicco KY	Eff. 3/25/05
Kash, Connie S. Turner	RN #1074178	Campton KY	Eff. 4/6/05
Lewis, Leetha W.	RN #1070535	Versailles KY	Eff. 4/6/05
Spivey, Cheryl Lynn Dauwe	LPN #2010967	Erlanger KY	Eff. 4/19/05
Tincher, Treva S. Oaks	LPN #2021372	Stanford KY	Eff. 5/18/05

LICENSE TO BE REINSTATED LIMITED/PROBATED

Noffsinger, Pamela Jo Stewart	RN #1090944	Tennysen IN	Eff. 5/18/05
Wells, Karen Frances	LPN #2026614	Louisville KY	Eff. 4/19/05

LICENSE LIMITED/PROBATED

Abbott, Wina Delilah	RN #1080566	Coalgood KY	Eff. 3/25/05
Bate, Cheryl Ann Streets	LPN #2030002	Vanceburg KY	Eff. 4/6/05
Gann, Sharon J.	LPN #2037481	Mayfield KY	Eff. 4/19/05
Gilkison, Jane E. Cunningham	RN #1054103	Lawrenceburg KY	Eff. 4/19/05
Selhorst, Daneen C. Jones	RN #1071035	Louisville KY	Eff. 5/18/05
Ward, Albert Franklin	RN #1083212	Owensboro KY	Eff. 4/19/05
	ARNP #3462-P		

REPRIMAND

Burris, Melanie Carol	LPN #2030500	Lexington KY	Eff. 3/25/05
Funk, Bethany Lynn	RN #1086434	Louisville KY	Eff. 4/6/05
Goldsmith, Tonya Jean	LPN #2033613	Louisville KY	Eff. 4/19/05
Isaac, Kathleen Smith	RN #1037298	Versailles KY	Eff. 5/18/05
Settle, Letisha	RN #1076133	Louisville KY	Eff. 3/25/05
Voyles, Amy Beth	RN #1092265	Lewisport KY	Eff. 5/18/05

CONSENT DECREES ENTERED FEBRUARY 28, 2005 – JUNE 7, 2005

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration.....	5
Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license	27

LICENSES REMOVED FROM PROBATION FEBRUARY 28, 2005 – JUNE 7, 20055

A faculty role has given me the opportunity to wear multiple hats professionally. I love the excitement of teaching and learning with students; knowing I have impact on others' lives. I'm rewarded by seeing bright students pursue their goals, take on leadership roles, work on research and practice ideas that effect patient care and quality of life, and challenge themselves to do their best and experiencing many who actually do it! Want to learn more about the career advantages of nursing education? Visit us at: www.nursesource.org

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LPN Renewal Notification

KBN no longer has the inactive licensure status for LPNs. If you renew either online or by returning your paper renewal application, you are requesting an active LPN license and must meet the continuing competency requirement. If you do not choose to renew to an active status, you may let your license lapse. There is NO disciplinary action associated with a lapsed license, and you may reinstate your license to an active status at any time with no penalty. If you do not have an active Kentucky nursing license, you may not practice as a nurse in Kentucky.

LPN licenses can be renewed online from the secure KBN website (<http://kbn.ky.gov>). To renew online, you will need your social security number, license number, date of birth, and either a MasterCard or Visa debit or credit card. You also have the option of having the fee deducted

directly from your checking or savings account via ACH (Automated Clearing House). Paper renewal applications were mailed July 3, 2005. If you renew online, DO NOT return your paper renewal application to KBN.

By signing the renewal application or by submitting the electronic form, you are attesting that you have or will have met the continuing competency requirement by October 31, 2005. If you are changing from inactive status to active status, you may renew online, but you must mail copies of your continuing competency requirements to KBN, to the attention of *Pat Bittenbender*. Your application will not be processed for renewal until the documents are received and reviewed. Unless you are changing from an inactive to active licensure status, DO NOT submit proof of earning your continuing competency requirement.

If you must answer "yes" to either

the disciplinary or criminal history questions, you may renew online, but you must mail certified copies of court records and/or other boards' actions and a letter of explanation to KBN, to the attention of *Consumer Protection*. Your application will not be processed for renewal until the documentation is received and reviewed.

Filing Deadline

To be eligible to renew your license, you must have completed the online renewal application OR mailed a COMPLETED application with the appropriate fee by midnight, October 31, 2005. Any application post-marked after that date and time will be subject to reinstatement status and your license will lapse. If you must reinstate because you do not renew by October 31, you will be required to submit an application, the reinstatement fee, copies of your



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Keith Fleming, RN
Owensboro Medical Health System OR Manager



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Owensboro Medical Heart Center
a partnership with  **Jewish Hospital**

For a confidential interview:
270-688-2788
www.omhs.org

continued competency, and proof of earning 3 hours of domestic violence CE. You cannot practice as a nurse in Kentucky if your license has lapsed. Access to the online renewal form will be disabled at midnight, Eastern Time, October 31, 2005.

Name Change

Since legal name change documents and a \$35 fee are required before a name change can be made, you will NOT be able to change your name using either the web renewal or the paper renewal application. If you submit your renewal application, web or paper, before you submit the name change request and documentation, your renewed license card will be issued in the name currently on file at KBN. To later change your name and receive a new license card, you must return your current license card (not having an expired licensure date) with the request for a name change, the \$35 fee, and acceptable legal documentation (a marriage certificate,

divorce decree showing the return to another name, other legal name change documents, or a social security card).

Address Change

If you changed your address since your last renewal and did not submit the change to KBN before June 1, 2005, your paper renewal application will be sent to the address on record at KBN as of June 1. If you did not change your address with KBN by June 1, you may complete the renewal application online and change your address at that time. KBN records will be updated, and your new license card will be sent to your new address. Be sure to select the *Licensure Renewal* link under *Online Services*, NOT the *Address Change* link. If you select the address change link, your address will be updated in the KBN database, but your license cannot be renewed via this link.

Duplicate Renewal Fee

All requests for a duplicate renewal application due to an address change

will be returned to you for payment of the \$25 duplicate renewal application fee. You may avoid this fee by renewing your license online via the KBN website.

To receive a duplicate renewal application, you may download a copy of a request form from the KBN website at <http://kbn.ky.gov/online/srvs/renewal.htm>, or send a written request for a duplicate renewal application that includes your name, license number or social security number, the new address, and the \$25 duplicate renewal application fee.

Payment of Renewal Fee

The 2005 renewal fee is \$50 for active licensure status. There is no longer an inactive licensure status for LPNs. When mailing your application, payment may be made by check or money order. If renewing online, only MasterCard and Visa credit or branded debit cards may be used, or you can deduct the payment directly from your checking or saving account via ACH.

WEBSITE ADDRESS

ALERT

It has been brought to our attention that there are two websites with the address "kentuckyboardofnursing.com" and "kyboardofnursing.com." These websites are not connected with the Kentucky Board of Nursing in any way. Each appears to be a commercial site. The KBN website address is <http://kbn.ky.gov>.

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For more information about the cruise and the curriculum, please log on to our website at www.thinkaboutitnursing.com or call Laura Norris at **501.221.9986** or call Teresa Grace or Jayne White at Poe Travel toll-free at **800.727.1960**

Don't leave the family at home! You're ALL invited!!!

Cruising for C.E. Contact Hours

This eight-day cruise and nursing conference is slated to sail from **New Orleans** on **April 22, 2006**, and will visit the following ports:

- ≈ **Day One:** New Orleans
- ≈ **Day Two:** At sea (conferences)
- ≈ **Day Three:** Cozumel, Mexico
- ≈ **Day Four:** George Town, Grand Cayman
- ≈ **Day Five:** Costa Maya, Mexico
- ≈ **Day Six:** At sea (conferences)
- ≈ **Day Seven:** At sea (conferences)
- ≈ **Day Eight:** New Orleans

Your **RX** for **FUN**

CE Information Concerning Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

1. Proof of earning 14 approved contact hours; OR
 2. A national certification or re-certification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
 3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
 4. Publication of a nursing related article; OR
 5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
 6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR
 7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.
- Additional information about CE/competency can be found on the KBN website at <http://kbn.ky.gov/education/ce.htm>.

Change in Earning Periods for All Nurses

Starting with the 2005 renewal, LPNs will be required to renew their license yearly by October 31. RNs will begin the annual renewal process in 2006. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the Kentucky Nursing Laws.

Earning Period For	Renewal By	# CE Hours
LPNs		
11/1/03 – 10/31/05	10/31/05	14 or equivalent
11/1/05 – 10/31/06	10/31/06	14 or equivalent
RNs		
11/1/04 – 10/31/06	10/31/06	14 or equivalent
11/1/06 – 10/31/07	10/31/07	14 or equivalent

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ARNPs in our Family Care Centers.

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Continuing Competency Requirements

by Mary Stewart, Continuing Competency Coordinator

Domestic Violence CE Requirement:

There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. The CE audit will monitor compliance of the 3 contact hours of domestic violence CE. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements:

The 2 hours of mandatory HIV/AIDS CE must be earned within the appropriate 10-year earning period. The LPN earning period is from 11/1/2001 - 10/31/2011, and the RN earning period is from 11/1/2002 - 10/31/2012. Nurses are required to maintain proof of earning this CE for up to 12 years.

Requirements for New Licensees:

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the

original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Academic (College Credit Courses):

Certain college credit courses may be used to meet CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences such as Psychology, Biology, and Sociology will count toward CE hours. One semester credit hour equals 15 contact hours; 1 quarter credit hour equals 12 contact hours. Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, as well as CPR/BLS, in-service education, or nurse aide training. ACLS or PALS courses are acceptable for CE hours if given by an approved provider.



If a college course does not fall within these designated categories, and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course at a cost of \$10. The application must be submitted to KBN by 11/30 of the licensure year.

RETIREMENT CELEBRATION

A retirement celebration was held for Sharon Weisenbeck, KBN Executive Director, on Wednesday, June 29, 2005. The event was held in Louisville at the Water Tower on the Ohio River. Tributes to Sharon's 25 years of service were given by Dr. Jimmy Isenberg, KBN President; Susan Pohl, KNA President; Kathy Apple, NCSBN Executive Director; and Sister Margaret Seasly, KSALPN President.

The Kentucky Board of Nursing would like to thank the following sponsors of the event: Kentucky Council for Licensed Practical Nurses; Kentucky Council for Associate Degree Nursing; Kentucky Council for Baccalaureate & Higher Degree Learning; Kentucky Association of Homes & Services For the Aged (KAHSA); Kentucky Coalition of Nurse Practitioners and Nurse Midwives; Kentucky Association of Health Care Facilities (KAHCF); Kentucky State Association of Licensed Practical Nurses; Kentucky Organization of Nurse Leaders; Kentucky Home Health Association; Kentucky Hospital Association; and Kentucky Nurses Association.

dysphoric disorder.

This is confusing enough for clinicians; imagine how confused a patient might be. One middle-aged man accidentally took too much bupropion, which sent him to the ED with severe nausea, vomiting, and a reported seizure. The patient had a long-standing history of depression treated with WELLBUTRIN (bupropion). Six weeks prior to admission, his physician had given him new prescriptions for all his medications. But this time, he

prescribed them using generic names. Unfortunately, the patient continued taking his original prescription for Wellbutrin, along with his new prescription for generic bupropion. Around the same time, he attended a smoking cessation program where another physician gave him a prescription for ZYBAN (bupropion). Thus, he was taking Zyban, bupropion, and Wellbutrin – all at the same time. Sadly, even though the patient had given the ED staff a list of his current

medications, which included Zyban, bupropion, and Wellbutrin, the nurses and physicians did not recognize the problem. A third-year medical student finally noticed the error after looking up the generic names of all the patient's medications. The patient was discharged from the hospital after 24 hours of intravenous hydration.

One more thought: A pharmaceutical company, Teva USA, just began marketing a generic version of bupropion under two different brand names, BUDEPRION SR when indicated for depression, and BUPROBAN when indicated for smoking cessation. Add in the different extended-release formulations of bupropion that are available (XL, SR) and it's no wonder that patients are confused!

Follow these teaching tips to help patients avoid unintended duplicate drug therapy:

- **Generic and brand names.** Teach patients that all medications have one generic name, and possibly one or more brand names. Ensure that they know both the generic and brand name (if applicable) of the medications they are taking, and warn them about the risk of duplicate therapy if the medication prescribed is also marketed under other brand names.
- **Healthcare provider review.** Encourage patients to bring all medications, vitamins, over-the-counter (OTC) products and herbal products when presenting to the hospital or visiting a physician's office (at each annual visit or after new medications have been added).
- **Ongoing list.** Help patients maintain a list of all OTC, herbal, and prescription medications (with brand and generic names, and indications) to keep in their wallet for quick reference.
- **One pharmacy.** Tell patients to obtain all medications from the same pharmacy when possible, and to tell their pharmacist about any prescriptions dispensed elsewhere so duplicate therapy and drug interactions can be avoided.
- **Discontinued medications.** Provide patients with written instructions



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continued on Page 26

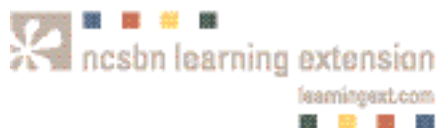
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Sharpening Critical Thinking Skills



about which drug previously taken at home is being replaced by a newly prescribed drug. Encourage patients to properly dispose of the discontinued medications.

- **Keep in touch.** Establish a callback system to patients at risk for non-adherence or unsafe self-administration of medications to promote understanding. Keep copies of discharge instructions on the unit to refer to when calling these patients during the first week after discharge.

You are a Change Agent!

Excerpt reprinted from ISMP Medication Safety Alert! *Nurse Advise-ERR* (May 2005, Volume 3, Issue 5), with permission by the Institute for Safe Medication Practices.

Awareness about medication errors can help bring about change. Many strategies that effectively reduce medication errors often lie outside the direct control of individual practitioners. But of equal, if not greater importance, is the recognition that there are many things that *individuals* can do in their own practice – changes that are at least partly under their control – to reduce the risk of medication errors.

Listed below are some of the medication error-reduction strategies that frontline nurses can employ within their own practice:

- **Make pharmacists a member of the team.** Get to know your pharmacists and how the pharmacy safety-check system works. Rely on them as a ready source of information and as an integral part of the patient care team, even if, regrettably, they are not participating in the day-to-day activities on the unit. Always ensure your pharmacists receive complete information about patient allergies, height, weight, presenting diagnosis, and chronic conditions (listed on admission orders or a fax copy of the admission assessment) so they can protect you and your patients by properly screening all medication orders for safety before dispensing products.
- **Embrace technology.** Although it may not always save time, the use of technology could save patients from harm. Welcome the introduction of bedside bar-coding systems, electronic medication administration records (MARs), electronic drug information

resources, and computerized documentation and ordering systems. The more information about patients and drugs that you have at your fingertips, the less the risk of an error.

- **Take the MAR to the bedside.** Prepare only one patient's medications at a time and take the MAR, be it paper or electronic, to the bedside (even for *prn* doses). Leave all medications in their labeled packages and compare each to the MAR one last time before opening them at the bedside. Verify patient identity using the MAR and two patient identifiers, and document drug administration at the bedside.
- **Minimize calculations.** To determine doses/infusion rates for drugs or solutions with standard concentrations, work with your pharmacists to create dosing tables for reference or allow infusion pumps to perform calculations, if capable. Even for experienced nurses, manual calculations are error-prone. A nurse posted a question on a website for assistance calculating an infusion rate for 250 mL over 20 minutes. The responses varied, and many cited incorrect and unnecessarily complicated math equations. If calculations are necessary, have another nurse independently calculate the dose/rate and compare answers to verify accuracy.
- **Put safety ahead of timeliness.** Timeliness is not always the most important dimension of drug administration. While it's essential to start drug therapy as soon as possible, medication administration should never be rushed. Of course, drugs must be readily accessible for emergencies. But often, the clinical need for quick administration does not outweigh the safety of having your pharmacist review the order *before* administration. Knowing what goes into the pharmacy safety-check system also helps with being realistic about turnaround time for medications and waiting for pharmacy-prepared solutions when possible.
- **Engage patients.** Many patients want to play a role in their own safety but may not know how to become involved. To better engage patients,

hold meaningful conversations with them about safety and suggest *specific activities* that can reduce the risk of an error, such as holding out their armbands to be checked before medication administration. Always tell patients the names and doses of medications you are administering. Encourage questions and thoroughly investigate concerns (e.g., changes in appearance, dose, frequency), as they could be clues to an error.

- **Double check high-alert drugs.** It's impractical to ask others to double-check all medications before administration. But there are a handful of drugs (e.g., insulin, heparin), classes of drugs (e.g., thrombolytics, opioids, chemotherapy), and patient populations (e.g., neonatal/pediatric parenteral medications) for which independent double checks are crucial, since the consequences of an error could be catastrophic.
- **Take time to report errors.** It's only through insightful information from those who have made errors that we learn about their system-based causes and remedies. So make it a priority to report errors, near misses, and hazardous conditions that could lead to an error (*accidents waiting to happen*). Actively seek feedback about reported errors and hazardous situations to spur change. Also make a commitment to report interesting errors or hazardous conditions in confidence to ISMP (call 1-800-FAIL-SAF[E]) to share your "lessons learned" with others.
- **Review safety literature.** Too often, blaming attitudes and defensive posturing forms the framework for discussions about errors. To encourage blameless discussion, bring reports of errors that have occurred elsewhere (like those in this newsletter) to staff meetings, discuss the likelihood of it happening in your practice site, identify possible system-based causes, and make suggestions for prevention.

There are 3 million change agents in healthcare today; they happen to be called nurses. The changes you make as just one individual will have an enormous impact on the safety and quality of healthcare services in the US.

Retired License Status

Beginning November 1, 2005, a retired license status will be available for LPNs for a one-time processing fee of \$25. Beginning September 2005, an application form will be available on the KBN website at <http://kbn.ky.gov/onlinesrvs/retired.htm>. The retired license status will not require a renewal process and, therefore, will not have an expiration date. If you wish to retire on November 1, 2005 and you received a renewal application for your LPN license, DO NOT return the renewal application. You may apply for the retired license status online, or you may print and complete the retired license status application, and return it with the \$25 fee and your current license card (if applicable). A retired status card will then be issued to you. See *Payment of Renewal Fee* above for acceptable methods of payment. If you have any questions, contact Lou Johnson at LouL.Johnson@ky.gov.

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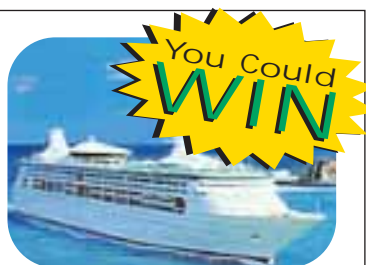
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Roles of Nurses in the Administration of Medication via Various Routes (Peripheral Nurse Block)—AOS #16

In June 2005, KBN revised AOS #16 to include the following information on the administration of medication via a peripheral nerve block.

The administration of a long-acting local anesthetic agent injected through a catheter placed near a peripheral nerve for the purpose of postoperative pain management is within the scope of RN practice. RNs should perform this procedure based upon the following:

- A direct order of the physician/provider who is responsible for the patient;
- Onsite availability of the provider to intervene in the potential complications that may occur;
- Documentation (by the provider placing the catheter) of uncomplicated catheter insertion, and of the specific nerve(s) blocked by the administration of the medication; and
- Documentation that no complications that are catheter-related have occurred since the insertion of the catheter. The insertion, advancement, or repositioning

of the catheter is not within the scope of RN practice; but is within the scope of practice of the ARNP designated nurse anesthetist.

The responsibilities for assessment and evaluation of patients receiving a continuous infusion of medication for maintenance of a peripheral nerve block is within the scope of RN practice. It is within the scope of LPN practice for the LPN to assist in the collection of data for assessment and evaluation purposes.

It is within the scope of RN practice for the RN, based upon a medical order, to change the infusion pump settings; it is not within the scope of LPN practice.

It is within the scope of LPN practice for the LPN to participate in the maintenance of medication administration for a peripheral nerve block, by changing the infusion unit (pre-mixed, pre-labeled bag or syringe) on a peripheral nerve block infusion pump under the supervision of a RN.

For additional information regarding practice issues, contact Bernadette Sutherland at 502-429-3307.

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